



Community First Choice (CFC) Council Meeting Minutes
Monday, February 3, 2014
Department of Health Care Policy and Financing
1st Floor Conference Room
225 East 16th Avenue
Denver, CO 80203

CFC Meeting Notes 02/03/2014

Attendees (Phone): Arlene Miles (Colorado Health Care Association), Susan Johnson (DDRC), Josh Winkler, Julie Reiskin (CCDC), Gary Montrose (CLASP), Jose Moleski, Bonnie Silva (HCPF), George O'Brien (CCDC)

Attendees: Betty Boyd, Tyler Deines (DHS-DDD), Lori Thompson (DHS-DDD), Shannon Zimmerman (parent), Jessica Mayo (Goodwill), Melinda Bennett, Jenny Smith (ALTSS), Dawn Russell, (ADAPT) David Henninger (Bayaud Enterprises), Ellen Jensby (Alliance), Jeanette Cordova (El Grupo Vida), Marijo Rymer (Arc of Colorado), Randie Wilson (HCPF), Pat Cook (CGS), David Bolin (Accent on Independence)

Tyler Deines is facilitating the meeting today. Randie Wilson is taking minutes.

AGENDA

GREETINGS

1. Review of January meeting notes
 - a. Marijo moves to approve the November minutes
 - b. Marijo moves to approve both sets of minutes, second by Pat

UPDATES

2. Policy Statement-any comments
 - a. Questions: thoughtful and appropriate to present disruptions, considering what is going on right now with systems interfaces how is this going to be supported with the quality piece of it?-Pat
 - b. Marijo-underlying basis of statement may be around waiver benefits, if moved to state plan. CFC presumes even if they are moved to state plan on for Institutional level of care but the financial part of it may prevent certain individuals from receiving benefits.
 - i. Believe this is what the statement regarding disruption is meant to state
 - ii. Tyler-not creating access issue through financial eligibility
 - c. Clean up of computer systems-recent issues that have occurred
 - i. Over 700 people eligible that had to be put back onto Medicaid due to their getting kicked off with systems implementations
 - ii. This will impact finances
 - iii. If county issues persist will continue to be an issues
 - iv. Quality of transition itself is of concern and needs to be addressed

- d. Marijo- issue about CFC is that it won't be available to everyone who is eligible for Medicaid-does this need to be clarified?
 - i. Not everyone eligible for state plan will get CFC, this somehow needs to be addressed
 - ii. Concerned that there may be the assumption that every person that is eligible to state plan will be able to access personal care, CFC services
 - iii. More mention about meeting level of care requirements
 - iv. Policy statement has been released so Tyler is unclear as to what options there are for revisions
 - v. Lori-add to ensure clients that meet level of care requirements to receive CFC services
 - 1. Can this be sent out as point of clarification rather than through clearance again? David
- 3. January Community Living Advisory Group Meeting
 - a. CFC presented-Julie Reiskin, David Bolin, Martha Beavers
 - b. Comments on presentation:
 - i. Boyd-went very well and it was good to see that we are headed in the same direction and thinking about similar concepts
 - c. There was not a lot of discussion, does anyone have anything to add?
 - i. Marijo- questions about the cost are at the top of everyone's mind and not sure when we will have this information available
 - ii. Talked about additional costs-fixing issues that need to be addressed first
 - iii. Julie-we have very preliminary cost estimates, there is a need for data, will cost money to get the data and we need more resources for that need
 - 1. Determine resources needed for continued study of financing
 - 2. What would model look like if... (ex: PC at \$15, PC at \$20)
 - 3. Figure out with CFC group what are the things we need to know, how to we do this in an organized way, and what resources does HCPF need to achieve this?
 - iv. Is Ed Kako's work completed for CFC? Yes, the contract ended on the 31st
 - 1. Not sure what work has been started on extending contract or getting another one to continue study
 - 2. Also need some further analysis on the assumptions going into the model-Tyler
 - d. **CFC motion to get more resources through legislation-Julie Reiskin**
 - i. CFC Council as a group can communicate to legislature that more resources are needed on behalf of the Department
 - ii. Marijo- without some concreteness around this CFC could fade away, need to know what resources the Dept. thinks they need to complete analysis
 - iii. Marijo seconds motion to develop a request for additional resources to communicate with the JBC
 - 1. What resources does the Department need?-want the Department to get this information to CFC by the next meeting.
 - a. Tyler will take to Martha

- 2. How do we get these resources?
 - iv. If motion passes Julie will write up summary and send to Tyler and Martha
 - v. **Vote: all for, no opposed**
- 4. Council Membership
 - a. Member for Spanish community trying to determine how to be on the council
 - b. David-people that aren't really on the council, but who should be on the council as people keep coming and going
 - c. Julie-suggestion that CFC follow the PDPPC process for council membership
 - d. Julie F-address concerns of people showing up only to vote and people coming and going
 - i. If there is no formalized process for attendance then we need to formalize it
 - ii. Should be thoughtful about refilling vacancies
 - e. At one time there was an appointment process for council membership
 - i. We will go back and review the original process and figure out how to fill vacancies and unidentified constituent groups
 - ii. As written, the Department will reach out and identify new members if needed
 - iii. There was, however, an official process originally

CFC Implementation Planning

- 1. Work Planning
 - a. CFC Council is requesting timeline for the work plan, no status at this time but Tyler and Martha are beginning to piece the work plan together
 - b. Josh-where do we tie in with other committees that are doing work?
 - i. PDPPC, COMMUNITY LIVING ADVISORY GROUP, Waiver Simplification
 - ii. Mission recommended using quality CCT survey
 - iii. New assessment tool
 - iv. Not just planning for CFC, but ensuring continuity with other work being done
 - c. Marijo- afraid we will get into a talking in circles exercise, but maybe
 - i. CFC option adds benefits to the state plan, once the group is ready to move forward with a recommendation this will drive all the other groups and work
 - ii. It would mean for CCT that those people who needed the benefits would get them
 - iii. This group is step 1 for what the other groups will be doing
 - iv. Timeframe is important, sub group working on DD waiver right now-we hope the recommendations will be completed this calendar year, but depending on when CFC becomes a reality in Colorado will change that
 - v. CFC work is the primary driver
 - d. Josh-Have had people ask if we are doing CFC are we going to give up the other work being done
 - i. Josh agrees that CFC recommendations will drive the other groups work
 - ii. This is why it is so important to get a work plan with a timeline-Julie R.
 - iii. Julie F- mapping to look at what shared goals are occurring with COMMUNITY LIVING ADVISORY GROUP, PDPPC, and all the other subcommittees

1. Don't want to duplicate efforts, but funnel efforts that dovetail into CFC that we can all start messaging
2. Although time consuming this is very critical as we are putting things into action
- iv. Betty Boyd-COMMUNITY LIVING ADVISORY GROUP timelines are way ahead of CFC because their report is due to Governor by September
 1. The more agreement we can come to by this time the better
- e. **Work Plan and Timeline are critical-NOW**
 - i. We don't have 5 months to develop this and what we do with our waivers will be driven by the recommendations of CFC
 - ii. Deciding to the extent that we can what we want the design of the Medicaid state plan to look like and what options for consumer directions is a key driver to other sub-committee efforts
- f. Anaya Robinson (last name)-CCT and CTS both state that you have to be eligible for a state waiver to use these programs
 - i. Must change the wording of these programs for CFC
 - ii. Need to change HCBS waiver to level of care
 - iii. David B. this will cause an issue for those clients who are only financially eligible through the waiver
 1. Concern that moving CFC into state plan may take away services for some of the 300%
- g. Tyler- have done some preliminary analysis regarding the 300% problem, simple data pull to see who was enrolled in which waiver to compare what eligibility category they were in
 - i. Need to do more analysis for cost analysis to be complete
 - ii. Can see who the 300% are and what services they are using
- h. David B.- at last months' meeting we talked about how to order up policies so we know what to start working on so we are ready for the next legislative session, is this what you and Martha are working on so we can begin to develop some timelines
 - i. Mission gives us an outline of a work plan that we can then drill down into and determine policy and steps to occur
 - ii. Do have an outline just have not prioritized
 1. This is where we are talking in circles and the concern-Marijo
 - iii. Identify what other groups are doing
 1. The driver is what comes out of this group
- i. Shannon-have you and Martha talked about internal timelines
 - i. The frustration is that we talked about this last month and still have nothing to show for it
 - ii. Julie F- priorities of the Department are going to drive some of these things
 1. What rules, regs, CMS barriers are known by Dept staff rather than CFC council
 2. Can't determine who should be doing what work until mapping around regulatory barriers, rules, etc

3. Especially with the move coming over a group is probably already looking at what does and doesn't fit
- j. **Can we have a draft ready for March?** And move forward to the next agenda item.
 - i. **Can Martha send an email update as to when the department can come to the group and give dates for completion?**
 - ii. Martha is very good about putting together detailed work plans, once Martha puts it together we will be able to plan for each step of the process-Josh
2. Person Centered Report for Sue Fox
 - a. Report back from Sue Fox, has anyone had time to review or any feedback on how it went?
 - i. Good introduction, but there is a lot more to do
 - ii. All DDD folks have gone through the training, now all LTSS folks as well
 - b. Marijo- how do you think the shift to this service design is going to change-where will we have to make modifications?
 - i. Diagnosis based requirements that were discussed at COMMUNITY LIVING ADVISORY GROUP retreat (ex: Mental Health)
 - ii. Huge shift from diagnosis to functionality and need as a motive for payment
 1. Primary diagnosis is driver for payment
 - iii. Tyler- the attitude factors into every piece of the process (eligibility, service planning)
 1. Best example where implemented-in our forms
 2. Our we putting our focus on personal goals and interest
 3. Are we truly allowing participation of the client
 - iv. Diagnosis is not the way to go with eligibility, rather functional would be better
 1. Ex: autism diagnosis prevents mental health providers from offering services
 - v. Can now mix target populations that have not been allowed in the past
 - c. Activities helpful?
 - i. Question-under work force development-it is difficult to disseminate trainings statewide? Why don't we do required mandatory trainings?-Jeanette
 - ii. Systemic problem of making sure everyone knows what is going on from Managers to person at the
 - iii. **Cultural competency**-what was the conversation about that, has not discussed how this information will be disseminated to Spanish community, or any other linguistic community, etc.
 1. Not just linguistic, but age as well
 2. Culture is broader than just language barriers
 - iv. Moving to what the person needs are
 - v. Children's group-person centeredness is a little bit problematic with children
 1. Break out into young, middle, and almost adult children-level of person centered planning will be very different in these groups
 2. Is it the child's choice or the parent's choice?
 3. Discussion on transition of authority
 - d. Julie R-how do we implement it, careful not to oversimplify (pg. 7, 3rd bullet from top)

- i. Prioritizing natural supports over paid services-being seen as a way to dump on families rather than to pay for services
 - ii. Services that are provided by natural supports are not the same as paid services like Personal Care
 - iii. Marijo- person centeredness makes natural versus paid the choice of the person
 - iv. Don't presume that natural supports automatically come first prior to paid services
 - v. Needs to be re-written as the intent is not clear
 - e. Elizabeth Arenales-supports Julie's comments. There is confusion as to what paid services should be and what should be considered natural supports
 - f. If you have any more comments, still in draft form,
3. Services-Waiver Simplification Subcommittee
- a. Just an update, meeting is tomorrow
 - b. Working to identify broad services that should be available across all HCBS waivers
 - i. Has not been easy, trying not to be too prescriptive and tie to specific target population
 - ii. Using life domains: where, how they live, what supports they need, health and safety
 - iii. Sub group has met and had some discussions, will come forward with service definitions
 - 1. CMS requirement is much more prescriptive than we realize
 - 2. In March, will go to COMMUNITY LIVING ADVISORY GROUP with broad service definitions to be included in all waivers
 - iv. Access to technological support needs to be available to all people to fit their activities of daily living even if service definition is very broad
 - v. Needs are met regardless of the activity
 - c. What came out of smaller groups-access to technology may allow more independent living through monitoring
 - d. Hoping committee can also address the specific supports that need to be available through the waivers
 - i. Not everyone needs an IPAD, or full home monitoring
 - e. Not defining the services itself but the means people must have to meet their needs
4. Next Steps
- a. Work Plan
 - b. Membership
 - c. Is the move done-pretty much
 - d. Dawn-some sort of discussion around the policy statement for the implementation committee
 - i. Discussion to rename to CFC development and implementation council
 - e. Julie- motion to recommend change the name of the council to align with the federal regs
 - i. Josh seconds motion to change name to align with regs

ii. Motion passed, no opposition